



### Application for Certification Examination

Applicants for certification must complete this form and submit a \$10.00 non-refundable fee for each exam. Type or print the information in ink and pay the fee with a certified check, cashier's check or money order made payable to the Treasurer of Virginia. Cash will be accepted if paid in person. Submit the application and fee to the Board of Coal Mining Examiners at least five working days prior to the date of examination.

1. Full Name \_\_\_\_\_ S.S.# \_\_\_\_\_

2. Address \_\_\_\_\_  
Street or P.O. Box City State Zip Code

3. Date of Birth \_\_\_\_\_ Home Phone No. ( ) \_\_\_\_\_  
Month/Day/Year

4. Total years employed at a coal mine: \_\_\_\_\_  
Underground Surface

5. List your current (or most recent) mining experience

Company Name \_\_\_\_\_

Address \_\_\_\_\_  
Street or P. O. Box City State

Job Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Month/Day/Year Month/Day/Year

6. Attach copies of the required documentation needed for each certification.

7. Examination Requested (Check One) \*BCME Instructor check the courses you wish to teach

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Advanced first aid   | <input type="checkbox"/> Automatic elevator operator        | <input type="checkbox"/> Blaster endorsement-DMLR (no fee)    |
| <input type="checkbox"/> Chief electrician (sur/UG or sur)                          | <input type="checkbox"/> Diesel engine mechanic instructor  | <input type="checkbox"/> Dock foreman                         |
| <input type="checkbox"/> Electrical maintenance foreman (sur/UG or surface)         | <input type="checkbox"/> First aid instructor               | <input type="checkbox"/> First class mine foreman             |
| <input type="checkbox"/> General coal miner (surf/strips and augers or surf/UG)     | <input type="checkbox"/> First class shaft or slope foreman | <input type="checkbox"/> Gas detection qualification (no fee) |
| <input type="checkbox"/> Mine inspector   | <input type="checkbox"/> Hoisting Engineer                  | <input type="checkbox"/> Instructor - BCME*                   |
| <input type="checkbox"/> Surface facilities foreman for shops, labs, and warehouses | <input type="checkbox"/> MSHA electrical reinstatement      | <input type="checkbox"/> Preparation Plant Foreman            |
| <input type="checkbox"/> Underground diesel engine mechanic                         | <input type="checkbox"/> Surface blaster                    | <input type="checkbox"/> Surface electrical repairman         |
|   | <input type="checkbox"/> Surface foreman                    | <input type="checkbox"/> Top person                           |
|   | <input type="checkbox"/> Underground electrical repairman   | <input type="checkbox"/> Underground shot firer               |

I hereby certify that the above answers are true to the best of my knowledge and belief.

Signed \_\_\_\_\_ Date \_\_\_\_\_



Board of Coal Mining Examiners
P.O. Drawer 900
Big Stone Gap, VA 24219
(276)523-8149

Verification of Work Experience Form

Complete this form for each employer to certify the experience requirements have been met and have it signed by a company official knowledgeable of your work history before a notary public. Type or print the information in ink and submit it to the BCME.

1. Full Name \_\_\_\_\_ S.S.# \_\_\_\_\_

2. Address \_\_\_\_\_
Street or P.O. Box City State Zip Code

3. Employer Company Name \_\_\_\_\_ Mine Name \_\_\_\_\_
Address \_\_\_\_\_
Street or P.O. Box City State Zip Code

4. Job Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_
Month/Day/Year Month/Day/Year

Description of job duties which are applicable to certification requested: \_\_\_\_\_

Job Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_
Month/Day/Year Month/Day/Year

Description of job duties which are applicable to certification requested: \_\_\_\_\_

5. I hereby certify, under the penalties of perjury, that the information related to this applicant's experience as submitted on this form is correct.

Signature of Company Official (Print or Type Name) Title Date

6. State of \_\_\_\_\_ county/city \_\_\_\_\_ of to wit:

I, \_\_\_\_\_ a notary public in and for the State and county/city aforesaid, do certify that \_\_\_\_\_ whose name is signed to #5 above, Company Official

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ has acknowledged the same before me in my county/city aforesaid. Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. SEAL



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Big Stone Gap, VA 24219  
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### Verification of Training Completed for General Coal Miner Certification

Type or print this form in ink and submit it to the **Board of Coal Mining Examiners** with a \$10 processing fee in the form of a certified check, cashier's check, or money order made payable to the **Treasurer of Virginia**. Cash will be accepted if paid in person at a Division of Mines' (DM) office.

1. Full Name \_\_\_\_\_ S.S.# \_\_\_\_\_

2. Address \_\_\_\_\_  
Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Home Phone No. (\_\_\_\_) \_\_\_\_\_

4. Employer Company Name \_\_\_\_\_ Mine Name \_\_\_\_\_  
Address \_\_\_\_\_  
Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5. Job title/description of job duties \_\_\_\_\_

6. I received training in first aid and Virginia's coal mining law and regulations on \_\_\_\_\_ or I have  
attached a copy of my valid first aid card. \_\_\_\_\_  
Date or Dates

**I hereby certify that the above answers are true to the best of my knowledge and belief.**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Signature of applicant for certification

**I hereby certify to the BCME that the training I provided to the applicant set forth above meets the requirements of Virginia Code §45.1-161.37 and the Virginia Administrative Code 4 VAC 25-20, and the applicant has satisfactorily demonstrated to me the required knowledge of first aid practices and the mine safety laws of Virginia.**

Name printed and signed \_\_\_\_\_  
Certified foreman or instructor approved by DM providing training

Cert. No. \_\_\_\_\_

Name printed and signed when the applicant is hired \_\_\_\_\_  
Mine operator employing applicant



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P.O. Drawer 900
Big Stone Gap, VA 24219
(276)523-8149

Verification of Training Completed for Continuing Education

Type or print in ink and submit it to the Board of Coal Mining Examiners. Check the appropriate box below that relates to type of continuing education requirement completed. Complete a form for each continuing education requirement completed.

- Advanced first aid
First class mine foreman
Diesel engine mechanic
Surface foreman

1. Full Name S.S.#

2. Address Street or P.O. Box City State Zip Code

3. Home Phone No. ( ) Date of Employment

4. Employer Company Name

Mine Name and Index #

Address Street or P.O. Box City State Zip Code

5. I received continuing education training on . In addition to the four hours required, hours date

I completed to be carried over to meet continuing education requirements for . hours year

I hereby certify that the above answers are true to the best of my knowledge and belief.

Signed Signature of applicant Cert # Date

I hereby certify to the BCME that the training I provided to the applicant set forth above meets the requirements of Virginia Code §45.1-161.34 and the Virginia Administrative Code 4 VAC 25-20.

Name printed and signed Instructor approved by DM providing training

Instructor's Cert. #

Instructor's S.S. #





COMMONWEALTH OF VIRGINIA  
 DEPARTMENT OF MINES, MINERALS AND ENERGY  
 DIVISION OF MINED LAND RECLAMATION  
 P. O. DRAWER 900; BIG STONE GAP, VA 24219  
 TELEPHONE: (276) 523-8234

**APPLICATION FOR RECERTIFICATION  
 DMLR ENDORSEMENT  
 BLASTER'S CERTIFICATION**

<b>NAME</b>			
	Last	First	Middle Initial
<b>ADDRESS</b>			
	Street/P. O. Box	City/State	Zip Code
<b>Telephone No.</b>		<b>Social Security No.</b>	

<input type="checkbox"/>	I was previously certified as a Blaster by the Division of Mines. (DM Certification number →)	
<b>Please check the type of Recertification being applied for:</b>		
<input type="checkbox"/>	<b>To take the Division of Mined Land Reclamation's endorsement examination.</b> I understand that to be certified, I must achieve the required score (85% or better) to receive the endorsement. Should I fail to achieve the acceptable score, I understand that I must retake the Division of Mine's Blaster's examination and the DMLR endorsement examination. The DM will inform me of the appropriate examination date(s).	

<input type="checkbox"/>	<b>To obtain the Recertification, based upon Work Experience.</b> I understand that the Division may approve recertification based upon my work experience as a certified blaster during two of the last three years for the following surface coal mining operations. I have provided a description of my experience in blasting related activities for the following company(ies) on Page 2 of this application form:		
	Company Name		Address
	Permit No(s).		
	Certification of Blasting Experience	I hereby affirm, with knowledge of the penalties provided under 45.1-246(G) <sup>1</sup> of the <b>Code of Virginia</b> , that I worked for _____ months with this company in a capacity which demonstrates my competency in blasting activities.	
	Company Name		Address
	Permit No(s).		
	Certification of Blasting Experience	I hereby affirm, with knowledge of the penalties provided under 45.1-246(G) of the <b>Code of Virginia</b> , that I worked for _____ months with this company in a capacity which demonstrates my competency in blasting activities.	

Signature		Date	
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<sup>1</sup> 45.1-246(G): "Whoever knowingly makes any false statement, representation or certification, or knowingly fails to make any required statement, representation or certification, in any application, .... shall, upon conviction thereof, be punished by a fine of not more than ten thousand dollars, or by confinement in jail for not more than twelve months, or both."

<b>Company Name</b>	
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I hereby affirm that the person applying for the aforementioned recertification has worked for this company during the following specified period in a capacity which demonstrates blaster's competency:

Job Title of Applicant		Employment Date, from		to	
Brief Description of Duties Performed					

Company Official's Name (print)		Title	
<b>Signature</b>		Date	

**NOTARIZATION:**

State of \_\_\_\_\_, County/City of \_\_\_\_\_ to wit:

Subscribed and affirmed to before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

<b>Notary Public Signature</b>		<b>My Commission Expires</b> (attach seal)	
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<b>Company Name</b>	
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I hereby affirm that the person applying for the aforementioned recertification has worked for this company during the following specified period in a capacity which demonstrates blaster's competency:

Job Title of Applicant		Employment Date, from		to	
Brief Description of Duties Performed					

Company Official's Name (print)		Title	
<b>Signature</b>		Date	

**NOTARIZATION:**

State of \_\_\_\_\_, County/City of \_\_\_\_\_ to wit:

Subscribed and affirmed to before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

<b>Notary Public Signature</b>		<b>My Commission Expires</b> (attach seal)	
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**APPLICATION FOR DMLR ENDORSEMENT  
 BLASTER'S CERTIFICATION**  
 (Coal Surface Mining Operation)

<b>NAME</b>			
	Last	First	Middle Initial
<b>ADDRESS</b>			
	Street/P. O. Box	City/State	Zip Code
<b>Telephone No.</b>		<b>Social Security No.</b>	

<b>Business Address</b> (if applicable)			
	Street/P. O. Box	City/State	Zip Code
Telephone No.			

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	I am presently certified as a Blaster by the Division of Mines. (DM Certification number   )	
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I understand that to be certified to blast on any "coal surface mining operation"\* , I must also pass the Division of Mined Land Reclamation's (DMLR) Endorsement test and be subsequently certified by the DMLR endorsement. By signing and dating this application, I hereby apply for the DMLR endorsement, as administered by the Division of Mines.

Signature		Date	
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\* As defined under §45.1-229 of the **Virginia Coal Surface Mining Control and Reclamation Act of 1979**, as amended, "coal surface mining operations" means the following:

- Activities conducted on the surface of lands in connection with a surface coal mine or, subject to the requirements of §45.1-243, surface operations and surface impacts incident to an underground coal mine, the products of which enter commerce or the operations of which directly or indirectly affect interstate commerce. Such activities include excavation for the purpose of obtaining coal, including such common methods as contour, strip, auger, mountaintop removal, box cut, open pit, and area mining; the use of explosives and blasting; and in situ distillation or retorting; leaching or other chemical or physical processing; and the cleaning, concentrating, or other processing or preparation of coal. Such activities also include the loading of coal for interstate commerce at or near the mine site. Provided these activities do not include the extraction of coal incidental to the extraction of other minerals, where coal does not exceed sixteen and two-thirds per cent of the tonnage of minerals removed for purposes of commercial use or sale, or coal explorations subject to §45.1-233 of this chapter; and
- The areas upon which the activities occur or where such activities disturb the natural land surface. Such areas shall also include any adjacent land the use of which is incidental to any such activities, all lands affected by the construction of new roads or the improvement or use of existing roads to gain access to the site of such activities and for the haulage, and excavations, workings, impoundments, dams, ventilation shafts, entryways, refuse banks, dumps, stockpiles, overburden piles, spoil banks, culm banks, tailings, holes or depressions, repair areas, storage areas, processing areas, shipping areas, and other areas upon which are sited structures, facilities, or other property or materials on the surface , resulting from or incident to such activities.